N. B.--Every Item of Information should be carefully supplied ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD WITH UNFADING INK---THIS IS A PERMAN WRITE PLA

RGIN RESERVED FOR BINDING

V. S. No. 1.

	PLACE OF DEATH County Charles lage or City Mitte Planiano.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. / O S St.; Ward) (If death occurred in a hospital or institution, give its NAME instead of street and
The	PERSONAL AND STATISTICAL PARTICULARS SEX 4 COLOR OR RACE S SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)	MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from
7 10	t LESS than I day l. O. hrs	
0 00	a) Trade, profession or varticular kind of work. b) General nature of industry varies, or establishment in which employed or (employer). IRTHPLACE (State or country)	Contributory Contributory (Duration) yrs. mos. de. (Duration) yrs. mos. de.
PARENTS	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER 14 BIRTHPLACE OF MOTHER	(Signed) (Signed) (Address) (Address) (State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transcents, or Recent Residents) At place of death yrs
15	(State or country) THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) Filed Aug 4 193/ M. J. Mourles Registrar	of deeth yrs. mos. de. Stete, yrs. mos. de. Where was disease contracted, if not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL 20 UNDERTAKER ADDICESS ADDICESS
-	If more blanks are needed address State Registrar	18 W Severage St. Delte Dequesting V S. No. 1

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from whatever, write None. tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer (reor given up on account of the nigease causing neath, gaged in domestic service for wages, as Scrvant, Cook, to report specifically the occupations of persons enwork, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a Housemaid, etc. If the occupation has been changed ployed, as At school or At home. Care should be taken en at home, who are engaged in the laborer, Farm laborer, Laborer-Coal mine, etc. er," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an worked on may form part of the second statement. sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary Frence, etc. the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-(a) Foreman, (b) Automobile factory. Physician, Compositor, Architect, Locomotive engineer, Statement of Occupation-Precise statement of oc-For many occupations a single word or term on duties of the But in many The material

Statement of Cause of Death—Name, first, the pre-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> head of "contributory." Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on quences (e. g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. The natrain-accident; Revolver wound of head-homicide; Examples: Accidental drowning; as probably such, if impossible to determine definitely. and qualify as Accidental, Suicidal, or Homicidal, or State cause for which surgical operation was under-"Puerperal septicaemia," "Puerperal peritonitis," etc. diseases resulting from childbirth or miscarriage as ean be ascertained as the cause. 'Always qualify all "Uraemia," "Weaknes.," etc., when a definite disease rhage," "Inanition." "Marasmus," "Old Age," "Shock," symptomatie), "Atrophy," "Collapse," "Coma," "Conconditions, such as "Asthenia," "Anaemia" (merely stated unless important. "Dropsy," "Exhaustion," "Heart failure." "Haemorvulsions," ary), 10 ds. Never report mere symptoms or terminal causing death), 29 ds.; Bronchopneumonia use of "Tumor" for malignant neoplasms); (secondary or intercurrent) affection need not be Chronic interstitial nephritis, etc. The contributory inges, peritonacum, etc., unqualified, is indefinite); Tuberculosis of lungs, men-Whooping cough; Chronic valvulur heart disease; (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS State MEANS OF INJURY "Debility" ("Congenital," "Senile," etc.), (Recommendations on state-Carcinoma, Sarcoma, etc., of Example: Measles (disease Struck by railway Measles; (second-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

STATE O	MARYL	AND-CERTIFI	CATE OF	DEATH	09397
---------	-------	-------------	---------	-------	-------

1. PLACE OF DEATH	
County Charles	Registration Dist. No. 106
Village Dr City Indian Head	No. St. Ward
Length of residence In city or town where death occurredyrs	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foraign birth? yrs. ds.
2. FULL NAME Brown, William	6dger
(a) Residence: No. On Man Lead, Mo	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	(Mofth) (Day) (Year)
5a. If marriad, widowad, or divorced Marriad HUSBAND of (or) WIFE of Husband	22. HEREBY CERTIFY, That I attended deceased from Receivable 1930, to aug. 30, 193/
6. DATE OF BIRTH (month, day, and year) May 23, 1874	I last saw h alive on and 30 , 19.3/; death is said
7. AGE Years Months Deys If LESS than 1 day, hrs.	to have occurred on the date stated above, at
8. Trede, profession, or particular kind of work done, as SPINNER Our Plenter SAWYER, BDOKKEEPER, atc.	Meghrelis Chronic 1929
9. Industry or businass in which work was done, as SILK MILL, Joulemment U.S.	
10. Oate decaesed last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) Westmarland, (State or country) Carrier, Virginia	Other Contributory Causes of importance: Chronic
	fulmonar 1928
13. NAME 11. M. Biown 14. BIRTHPLACE (city or town) Westmand Country (Stata or country)	Name of operation. Oate of
	Whet test confirmed diagnosis Westhere an autopsy?
E Winter Co	23. If death was due to external ceusas (VIDL ENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) William (State or country)	Accident, suicida, or homicide? Date of injury, 19
17. INFORMANT Lina Brawn (Address) (A leastings land County Va	(Specify city or town, county and State) Specify whathar injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL	Manner of Injury
Place Uhsland Jan Date Suplimity, 1931	Neture of injury
19. UNOERTAKER Shirt & Regain (Addrass) Woldard, Ma	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 9/2 1931 7. E. Durmington	(Signad) Mara halay Mada M. D. (Addrass) Melan Head M. D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Ex	ample I		Example II	
The principal cause of dear of importance were as follows:	ws:	Date of onset	The principal cause of death and related causes of importance were as follows:	
Arteriosclerosis	SEP 5 1831	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	BURRAU	July 5,1927	Peritonitis	3 days ago
	and the same of th	Commence &		
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastrocnteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

f. S. No. 1

/	of DEATH			9 9398	STATE OF CERTIFICATE	
Village or City	LL NAME Sufan	(No.	in of m	An Gestre	St.: Ward	
PERSO	NAL AND STATISTIC	AL PARTICU	LARS	MEDI	CAL CERTIFICATE	OF DEATH
3 SEX	4 COLOR OR RACE 5	SINGLE, MARRIEO, WIDOWEO, OR DIVORCED (Write the word)		16 OATE OF DEATH	(Moyth)	/
6 DATE OF BIS	Clug (Worth)	12_ (Day)	., 193/	that I last saw h	19\$1.to a	12 , 193/ 160 mm, 192
7 AGE	Still bors	os. de	If LESS than I day hrs.		ured on the date stated	l above, atm.
	rofession or nd of work	~~		Pres	naluu	deliving
	establishment in yed or (employer)	la nea	ρ	Contributory Secondary	(Duration)	visds
10 NAME FATHER	Mu Bros	on		(Signed) Hoars	y C. Chop 1 31 (Address) Lea	sherile med
OF FAT (State	HER or country) Richmu	ne ta		*Stte the Violent Caus s, Accidental, Suicid	Disrase Causing 1 esti- state (1) Means of al or Homicidal.	n, or, in deaths from Injury and (2) whether
Y 12 MAIDE	14 11-	de Bo	orh	18 LENGTH OF I		itals, Institutions, Trans
13 BIRTHI OF MOT (State		60	nef	At place of deathyrs Where was disease or	intracted.	ateyrsmosdd
14 THE ABOVE	26 0 -	1	EOGE	Former or usual residence		DATE OF BURIAL
(Add	dress) Bryane	lowin	hed	Strong	Church	dug 12/13/
Filed A	1924 C	all 18	nlug Registrai	GOUNDERTAKER	A Groudfoth	Byawow
	If more blanks are no	eded, addross	State Kegistrar	, K6 W. Saratoga St.	, Balto., Requesting V.	5. No. 14 mg

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from business, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House laborer, Farm laborer, Laborer—Coul mane, etc. wom-en at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Deal-(a) Spinner, (b) should be used only when needed. additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know whatever, write None. or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. Civil engineer, Stationary freman, et. But in many Physicion, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e g. Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health Statement of Occupation-Precise statement of ocreport specifically the occupations of etr., Foreman, (b) Automobile factory. The material or For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborer-Coul mine, etc. Wom-At Home, and children, without more precise specification as Cotton mill; (o) Salesman. 0) If the occupation has been changed the kind of work and also (b) the not gainfully em-As examples : (a 3 persons en-Grocery Day

Statement of Cause of Death—Name, first, the bis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebros pindl fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"; Lobur pneumonia, Branchopneumonia ("Pneumonia,"

> "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
> "Exhaustion," "Heart failure," "IIaemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock,"
> "Uruemia," "Woakness," etc., when a definite disease stated unless important. Example: Measles (disease telunus) may be stated under the head of "contributory." carbolic acid-probably snacide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUIGIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. "PUERPERAL septicaemia," "PUERPERAL perilonitis, approved by Committee on Nomenclature of the (Recommendations on statement of cause of as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train State cause for which surgical operation was underdiseases can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopnoumonia (secondary), (secondar; or intercurrent) use of "Tumor" for malignant neoplasms); · · · · · · (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, unqualified, is indefinite); Tuborculosis of lungs, men-American Medical Association.) Whooping cough; Chronic valudar heart disease; "Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY interstitial nephritis, resulting from childbirth or miscarriage as ," etc., when a definite disease affection need not be etc. The Sorcoma,, etc., of contributory Measles;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A I the data is essential and must be obtained before the certificate is permanently filed.

WRITE PLAIN, WITH UNFADING INK-THIS IS A PERMANENT TOR Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state mation should be carefully supplied. IARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. X B.-WRITE PLAIN V. S. No. 1

	CERTIFICATE OF DEATH
County County	Registration Dist. No. 102
1/20010 121	
Village or City Village or City (II	NoSt.,Ward death occurred in a horpital institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	ds. How long of U.S. if of foreign birth?
2. FULL NAME	all sommand
(a) Residence; No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 5. If married widowed or divorced	21. DATE O DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced . HUSBAND of (or) WIFE of	22. I HERES CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Way 7 1931	I last saw h alive on, 19; death is seld
7. AGE Years Months Days If LESS than	to have occurred on the date stated ebove, atm.
3 \\/3 1 day, hrs. or min.	The PRINCHAL CAUSE OF DEATH and related causes of importance ware as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	alarhoza g
9, Industry or business in which	single to the
work was done, as SILK MILL, SAW MILL, BANK, etc	
1D. Date deceased last worked at this occupation (month and yaar) 11. Total time (years) spent in this cc. upation	
10 10 10	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	
13. NAME Trayes this is	
13. NAME Stay Stay Shift The Stay Stay Stay Stay Stay Stay Stay or country Stay Stay Stay Stay Stay Stay Stay Sta	Name of operation Data of Data
(State or couply) Mary Con	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Charles	23. If death was dua to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town 16. State or	Accident, suicide, or homicide? Date of Injury, 19
E (Stata or ounity) Throughton	Where did injury occur?
17. INFORMANT CINCILLA CONTROL	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMO LON, OR REMOVAL	Manner of injury
Placa Lany Enroy potty 4 24 131	- Natura of injury
19. UNDERTAKER OKILLISTOSS	128 Missa or injury in any avelated proposition basis ician
(Address) Nangemay Ma	It so sobeity alleman and the
20. FILES Lig 19, 13/ John & Madder Registrar.	(Signed) Dekulj lo dat Tiegistra
If more blocks are needed, address State Registrat	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREA	- 13		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastrocnterilis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

WRITE PL ILY, WITH UNFADING

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH classified Registration Dist. No. / O O (If death occurred in a hospital or institu-tion, give its NAME in-stead of street and Village or City St.: Ward) number.) proper stated of cer PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE, SE 4 COLOR OR RACE 16 DATE OF DEATH MARRIED may be n back WIDOWED OR DIVORCED (Write the (word) (Month) (Day) (Year) I HEREBY CERTIFY, That I attended the deceased from 6 DATE OF BIRTH that nstruction (Day) that I last saw h ____alive on _____, 192....., (Year) 7 AGE IIf LESS than and that death occurred on the date stated above, at. 1 day hrs. The CAUSE OF DEATH * was as follows: supplied ds. or min.? terme BOCCUPATION 0 (a) Trade, profession or 0 particular kind of work plai refully (b) General nature of industry business, or establishment in (Duration) L which employed or (employer) Contributory 9 BIRTHPLACE Secondary (State or country) De EA (Duration) OB 10 NAME OF 34 Shot E CF (Address) 11 BIRTHPLACE OF FATHER ENT the I iscase Causing Death, or, in deaths from 0 Z Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. CAU (State or country informati 12 MAIDEN NAM 00 PA 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-OF MOTHER d state ients r Recent Residents) 13 BIRTHPLACE In the At place OF MOTHER of deat Where was disease contracted, of Item of if not at place of dea.h?... statement usual residence (C) Every Registrar If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

S. No. 1

(Approved by U. S. Census 2nd American Public Health Association.)

laborer, state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) tired 6 yrs). For persons who have no occupation or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman. (b) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to cach and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en-Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an worked on may form part of the second statement. borer, Farm laborer, Luborer—Coal mine, etc. Forenian, For many occupations a single word or term on or At Home, and children, not gainfully emwithout more precise specification as Day (b) Automobile factory. The materia. Grocery; Wom-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect
to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal
fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup");
Typhoid fever (never report "Typhoid Pneumonia,");
Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

BUREAU

telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid—probably suicide. accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY "PUERPERAL seplicacinia," "PUERPERAL perilonilis," etc. "Exhaustion," "Heart range," "Old Age," "Shock," "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; Examples: Accidental drowning; Struck by railway train-State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," (Exhaustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bre chopneumonia (secondary), inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on "Uraemia," "Weakness," etc., when a definite disease Chronic interstitial nephritis, Whooping cough; Chronic American Medical Association.) Recommendations on statement of cause of death Never report mere symptoms or terminal condi-The n .ture of the injury, etc. valvular heart Nomenclature The contributory discase;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V S. No. 1

X	1	PHYS
	ORD ,	XACTLY
	S. P.	stated E
RESERVED FOR BINDING	IG INK-THIS IS A PERMANI TROORD	efully supplied. ACE should be stated EXACTLY, PHYS in piain terms so that it may be properly classified. Exa
OR BI	IS A PE	ACE sho that it
SVED F	THIS	terms s
RESER	IG INK	efully s in plain

PLACE OF DEATH	STATE OF MARTLAND
County	CERTIFICATE OF DEATH Registration Dist. No. / 0 8
Village or City DeutrollyNo.	CA. WJ. (If death occurred
2FULL NAME Illarcelles	Jaces Cay a hospital or instition, give its NAME stead of street number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE B SINGLE. MARRIED. WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH Reeg 5, 1925, (Month), (Day), (Year)
6 DATE OF BIRTH Lecember 29, 192	I HEREBY CERTIFY, That I attended the deceased fr
(Month) (Day) (Year)	-1 116
7 AGE If LESS that I dayhr	
yrsmosds. ormin	
(a) Trade, profession or particular kind of work	(Sunfree 6 set & ou
(b) General nature of industry business, or establishment in	flat to the state of the
which employed or (employer)	Contributory O ST CO
9 BIRTHPLACE (State or country)	Secondary (Duration) 978 8 mos
10 NAME OF FATHER Erry a Douglas	(Signed) To Chapples M.
OF FATHER (State or country) Scuboolle ref	State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Way Cores	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Tra
13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmosds. In the Stateyrsmos
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) from a Dougle	Former or usual residence
(Address Butorely one)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Brace Toron Males 6, 19
15 Filed 8/6/3/192 Ena Shappelaar Registrar	De Compbul Dutroll
	rar, 16 W. Saratoga St., Baito., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it fulness of various pursuits can be known. The quescupation is very important, so that the relative healthtired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, (b) Automobile factory. The materia For many occupations a single word or term on without more precise specification as Day For persons who have no occupation Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrofever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Spinal meningitis"); Diphtheria (avoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> (Recommendations on statement of cause of death approved by Committee on Nomenclature of the telanus) may be stated under the head of "contributory." (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, aecident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely, "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-. (name origin; "Cancer" is less definite; a void Chronic valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH
County Charles

illage or City Mt Victor

2FULL NAME PERSONAL AND STATIST

SEX 4 COLOR OR RACE

M DATE OF BIRTH

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11 BIRTHPLAC

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OF FATHER

(State or country)

12 MAIDEN NAME
OF MOTHER

13 BIRTHPLACE
OF MOTHER
(State or Country)

09402

STATE OF MARYLAND CERTIFICATE OF DEATH

	Registra	tion D	ist. No	104
s	t.:\	Ward)	(If death a hospitation, give stead on number.	al or instit to its NAME in f street a
MEDICAL C	ERTIFICA	ATE O	F DEAT	н
16 DATE OF DEATH	4		21	ر د
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17 I HEREBY CER	TIFY, That		(Da(v) nded the	(Year)
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that I last saw halive	e on			, 192
and that death occurred or	n the date	stated a	bove, at	1130
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*State the Disease Violent Causes, state (1 Accidental, Suicidal or Hor	1) Means	of Inju	or, in o	(2) Whether
1B LENGTH OF RESIDEN		Hospita	ls, Instit	utions, Tra
At place of deathyrsmos	,ds.	In the State.	yra,	mo#,
Where was disease contracted, if not at place of death?				•••••
Former or usual residence	************			
19 PLACE OF BURIAL OR	REMOVAL		DATE	OF BURIAL
Holy Thront	Comil	en	8 -:	367 193
20 UNDERTAKER	0	71	ADDRES	5

PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE, 3 SEX WIDOWED. OR DIVORCED (Write the word) 6 DATE OF BIRTH (Day) (Month) (Year) If LESS the 7 AGE day hr OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country)

TO THE BEST OF

Registrar

If more blanks are needed, address state Registrar, 16 W. Saratoga St., Balto., Requesting N. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseadditional line is provided for the latter statement; it whatever, write Nanc. business, that fact may be indicated thus; Furmer (re-Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Colton mill; (a) Salesman. should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The ques-Civil engineer, Stationary fireman, etc. But in many Physician, the first line will be sufficient, e. g., Farmer or Plunter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Foreman, 6 yrs). or At Home, and children, not gainfully emespecially in industrial employments, it is neces-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day Campositor, Architect, For persons who have no occupation (b) Automobile factory. The material Locomolive engineer, (b) Grocery;

Statement of Cause of Death—Name, first, the DISE EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> tetanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, "Exhaustion," "Heart failure," "Haemorrhage, "Shock," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. Example: Measles (disease American Medical Association.) approved by Committee on Nomencluture of the as fracture of skull, and consequences 'e g., sepsis, carbolic acid-probably suicide. The n ture of the injury, Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicacmia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uruemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), (secondar, or intercurrent) Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-Recommendations on statement of cause of death "Atrophy" "Collapse." "Coma," "Convulsions, perilonacum, etc., Carcinoma, Sarcoma, etc., of .. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condicough; Chronicvalvular heart disease; etc. The contributory affection need not be

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1PLACE OF DEATH	09493
, ,	STATE OF MARYLAND
County Charles	CERTIFICATE OF DEATH
7	Registration Dist. No. 108
Village or City Denedict (No	St.: Ward) (If death occurred is a hospit d or institution, give its NAME is stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE. MARRIED. Murued. WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH Oug /5-, 1888 (Modth) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 193/. to acc 30 . 193/. that I last saw h and alive on any 29 . 193/
7 AGE If LESS than I day hrs. or min. or min.	The CAUSE OF DEATH * was as follows:
BOCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) Boatman (1998)	(Duration) yre 3 mos de Contributory Abcess of rel autrum
(State or country) Chorles Co Ind 10 NAME OF FATHER Thomas Ahorle 11 BIRTHPLACE OF FATHER 2	(Signed) Locary C. Cherfolm M. D. Cherfolm M. Cherf
(State or country) (State or country) 12 MAIDEN NAME: OF MOTHER OF MOTHER OF MOTHER (State or country) (State or country) (State or country) (State or country) (State or country)	Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of deathyrsmosds. Stateyrsmosds
(Informant) Barbar Shorlar	Where was disease contracted, if not at place of deals? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Kenseworth Sto.	Bryandom Mel Left (, 193/ 20 UNDERTAKER ADDRESS
Filed 8/31/3/192 Qua Chaffelour	Don't Dude Hunharmala m

V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemoid, etc. If the occupation has been changed should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the ployed, as At school, or At home. Care should be taken Spinner, cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons definite salary, may be entered as Housevife, House-work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., without more precise specification as Day Jaborer, Farm loborer, Luborer—Coul mine, etc. Womworked on may form part of the second statement. Never return "Laborer." "Foreman," "Manager." "Dealnature of the business or industry, and therefore an Civil engineer. tion applies to each and every person, irrespective of laborer, Foreman, For many occupations a (b) Cotton mill; (a) Salesman, man, (b) Automobile factory. Compositor, For persons Stationary fireman, etc. But in many Architect, who have no occupation factory. The material single word or term on Locomotive engineer, (b) Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUMA DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"): Dishtheria avoid use of "Croup"); Typhoid fever never report "Typhoid Pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. Example: Mousles (disease American Medical Association.) approved by Committee on Nomenclature of the (Recommendations on statement of cause of letanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicuemia," "PUERPERAL perilonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease "Inanition, "Debility" ("Congenital," "Senile," etc., "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, perdonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condiinterstitial nephritis, etc. The " "Marasmus," "Old Age, " "Shock," Chronic and consequences e. g., sepsis, valvular heart Always qualify all contributory discase;

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V. S. No. 1

PLACE OF DEATH	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 103
Village or City Burberg (No	St.: Ward) (if death occurred least a hospital or institution, give its NAME is stead of street an number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED CON DIVORCED (Write the world)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	I HEREBY CERTIFY, That I attended the deceased from
7 AGE If LESS than day hrs. or min.? a occupation or min.? (a) Trade, profession or particular kind of work or min.?	and that death occurred on the data stated above, at 1/2
business, or establishment in which employed or (employer)	Contributory (97 fluing Heart A
10 NAME OF FATHER Selling Capmain 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER Sarah a. Edgus	(Signed)
13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place In the of death yrs mos ds. State yrs mos disease contracted, if not at place of death?
(Address) Marking Med (Address) Marking Med Filed Mag 25 1981 Bhot Of Role Registrar	19 PLACE OF BURIAL OB REMOVAL DATE OF BURIAL Praymade Columbury ang 30, 1931 20 UNDERTAKER ADBRESS Bul Allow

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

laborer, should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the nature of the husiness or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). additional line is provided for the latter statement; it tion applies to each and every person, irrespective of whatever, write None. state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, Housemuid, etc. If the occupation has been changed work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., without more precise specification as Day worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, business, that fact may be indicated thus; Farmer (rehousehold only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman. (b) Grocery; For persons who have no occupation (b) Automobile factory. The material

Statement of Cause of Death—Name, first, the pisease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic derebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on Nomenclature (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) as-fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia, (secondary Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railreay train-"Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ... (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi-"" "Weakness," etc., when a definite disease or intercurrent) affection Chronic valvular heart disease; etc. The contributory need not be

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V. S. No. 1

HYSI- Exact	PLACE OF DEATH County Cherries	09405 STATE OF MARYLAND CERTIFICATE OF DEATH
- je	m / 0	Registration Dist. No. 100
FRORD ated EXACTLY operly clasefficate.	Village or City La Glade (No	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
stated properlo	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
AN I be st	3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	Month (Day) (Year)
PERMA at it may ns on bac	6 DATE OF BIRTH Colomb	I HEREBY CERTIFY, That I attended the deceased from [192]. to
IS IS A	7 AGE Can If LESS than an I day	nd that death occurred on the date stated above, at
Bupp eupp see	8 OCCUPATION (a) Trade, profession or particular kind of work	Q Quehi
ADING INI	(b) General nature of industry business, or establishment in which employed or (employer)	Contributory Garges Jacobs
UNFADIN		Signed) Just M. D.
Y, WHH	11 BIRTHPLACE OF FATHER (State or country) LONG OF FATHER OF FATH	*State the Disease Csusing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	of MOTHER Went Russ	8 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
PLA Y	(State or Country) of W.	t place In the f deathyrsmosds. Where was disease contracted,
000	(Informati) & = 2 Change	ormer or sual residence DATE OF BURIAL OR REMOVAL DATE OF BURIAL
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The Office of the Control of the Con	Filed (1925) // No. Registrar	CWRoby Belalty
ž	If more blanks are needed, address State Registrar, 1	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more process. Coal minc, etc. Wom-laborer, Farm laborer, Laborer—Coal minc, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the whatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealto report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a For many occupations a single word or term on especially in industrial employments, it is neces-For persons who have no occupation

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL scpticaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Nomenclature of the as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway traintaken. For violent deaths state means of injuny "Uraemia," "Weakness," etc., when a definite disease (secondary Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid or intercurrent) affection need not be ss important. Example: Measles (disease etc. The contributory

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N. B.--Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly plassified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. MARGIN RESERVED FOR BINDING TH UNFADING INK--THIS IS A PERMAN WRITE PLA

V. S. No. 1

PLACE OF DEATH County Charles	09406 STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Rock Point (No.	Registration Dist. No. / / / / / St.: Ward) (If death occurred in a hospital or institution, give its NAME in-
2FULL NAME Roter th	stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH & - 2 6 -, 1927 / (Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 192 ,
7 AGE If LESS than I day hrs. ds. or min.?	and that death occurred on the date stated above, at
B OCCUPATION (a) Trade, profession or particular kind of work	Charles In antino
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs. mos. 3 ds.
9 BIRTHPLACE (State or country)	Contributory Secondary (Duration)yrs
10 NAME OF FATHER CANADA THORNAS	(Signed) 7, 1, 1, M. D. 8 - 26 - 1923 (Address) Way 12
OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Margaret In achieve	B LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country)	At place In the of deathyrs
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Krekard Sunders	if not at place of death? Former or usual residence
(Address) Ruck Point	Holy Ghal Conting S - 27,-19 B.
Filed 4 26 1981 J. C. Ryly Den Registrar	20 UNDERTAKER ADDRESS How Bell Rud Point
If more branks are needed, address State Registrar	. 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

whatever, write None. state occupation at beginning of illness. If retired from Spinner, (b) Colton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary firemon, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusines, that fact may be indicated thus; Furmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, ployed as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., tion applies to each and every person, irrespective of Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, Compositor, Architect, Locomotive engineer, Foreman, (b) Automobile factory. The material 6 yrs). or At Home, and children, especially in industrial employments, it is neces-For many occupations a Farm laborer, Laborerwithout more precise specification as Doy For persons who have no occupation single word or term on -Coal mine, etc. Womnot gainfully em-(6) Grocery,

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

> carbolic acid—probobly suicide. The n ture of the injury, "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc., "Dropsy, "E:haustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, State cause for which surgical operation was under-"PUERPERAL septieucmia," "PUERPERAL perilonitis, tions, such as "Asthenia," "Anaemia" (mcrely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Meosles; inges, peritonaeum, etc., Coreinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the letanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, uccident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all (secondar, Whooping American Medical Association.) Recommendations on statement of cause of "Atrophy." "Collapse." "Coma," "Convulsions, .. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi cough; or intercurrent) affection need not be Chronic valvulor heart disease; Example: Measles (disease etc. The contributory

If this certificate is looked over thoroughly and all questions abswered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH PHYSICIANS t statement of STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. If death occurred h a hospital or Institution. EXACTLY give its NAME Instead RECORD ² FULL NAME of street and number. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX MARRIED, WIDOWED 4 COLOR OR RACE 16 DATE OF DEATH aug, OR DIVORGED properly (Day (Year HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH pinous pe 90 (Day) alive on may h 7 AGE If LESS than and that death occurred on the date stated above, at G 1 day, hrs. A THIS The CAUSE OF DEATH * was as follows: OR min. ? that up OCCUPATION
(a) Trade, profession, or supplied Suc NK particular kind of work terms, so (b) General nature of Industry instructi business, or establishment in which employed (or employer (Duratton) SIRTHPLACE State or country Contributory See in Secondary ۵ 2 pino Important PARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the DISPASE CAUSING DEATH, or, in Jeaths from VIOLENT CAUSES, state (1) MRANS OF INJURY; and (2) Whether ACCIDENTAL, SUICIDAL OF HOMICIDAL. E Q 12 MAIDEN NAME of Information CAUSE OF DION IS very Im OF MOTHER LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS 13 BIRTHPLACE OR RECENT RESIDENTS OF MOTHER At place In the (State or country of death yrs. State, yrs. mus 14 THE ABOVE IS Where was disease contracted. TAUE should state (OCCUPATIO If not at place of deeth? (Informant) Former or usual residenca Every PLACE OF BURIAL OR REMOVAL (Address) DATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V.S.

[Approved by U. S. Census and American Public Health
Association.]

write None. state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook, business, that fact may be indicated thus: Farmer (relired Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Auto-"Foreman," "Manager," "Dealer," etc., without more of the second statement. mobile factory. only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. cum, Compositor, Architect, business or industry, and know (a) the kind of work and also (b) the nature of the first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. For many occupations a single word or term on the tion is very important, so that the relative healthful--Coal mine, etc. Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever The material worked on may form part Wonien at home, who are engaged in therefore an additional line Never rcturn "Laborer," Locomotive engineer, But in many cases, If retired from The question Civil

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); I.ohar pneumonia, Bronchopmeumonia ("Pneumonia, meningualified. is indefinite); Tuberculosis of lungs, meningualified.

on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by carbolic SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For VIOLENT DEATHS "PUERPERAL perilonilis," etc. birth or miscarriage as "Puerperal seplichaemia," cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uruemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Anaemia" (mercly symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. The contributory (secondary or intercurcough; Chronic cultular heart disease; Chronic interstitial "Tumor" for undermant neoplasms); Measles; Whooping (name origin; "('nncer" is less definite; avoid use of ges, peritonaeum, etc.. ('arcinoma, Sarcoma, etc., of on Nomenclature of the American Medical Association.) Struck by railway train-accident; Revolver wound State cause for which Never report mere acid—probably

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MARGIN RESERVED FOR BINDING

V. S. No. 1

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DNG	AG	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	ions	3. S 58. 7 12. 0 12. 12. 13. 14. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15
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M-W	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CA	TION is very important. See instructions on back of certificate.	19.
N. BWRITE PLAINEI, WITH UNFADING INK-THIS IS A PERMANENT' CORD. Every item of infor-				-
7				20.

1. PLACE OF DEATH	S S S S S S S S S S S S S S S S S S S
County Charles	Registration Dist. No.
	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. If of foroign birth? yrs. mos. ds
2. FULL NAME W	informalia
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attanded deceased from
6. DATE OF BIRTH (month, day, and yaar) 7. AGE Years Months Days I LESS than 1 day,hrs. Ormin.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profassion, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, atc. 9. Industry or businass in which work was dona, as SILK MILL, SAW MILL, BANK, etc. 10. Date decoasod last workad at this occupation (month and yaar) spent in this occupation.	Mullie S. Clarke Asa Mandarde Other Contributory Causes of Importance:
(State or country) 13. NAME Roch Jame 14. BIRTHPLACE (city or town) acada makes	
(State or country)	Name of operation Data of Was there an autopsy? Was there are all operations.
15. MAIDEN NAME Warayule Washington 16. BIRTHPLACE (city or town) (Stata or country) 17. INFORMANT Mouliu S. Clark	23. If daath was due to oxternal causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
(Addross) 18. BURIAL, CREMATION, OR REMOVAL Place Changel - 21 serson Osto and 22-19-34.	Manner of injury
19. UNDERTAKER (Address) Accolonial	Naturo of injury 24. Was disease or injury in any way ralated to occupation of docoasod? If so, specify
20. FILED any 27, 1931 Augh Me Solme	(Signad) Land M. M. Mandel M. (Address) M. (Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
N 4 4000	Other contributory causes of importance:	
May 1,1923	Gastroenterus	1 year
	1915 1921	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	\mathbf{BY}	PHYSICIAN
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IARGIN RESERVED FOR BINDING

V. 8. No. 1

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PHYSICIANS should state CORD. Every item of infor-Exact statement of OCCUPA. B.-WRITE PLAINET, WITH UNFADING INK-THIS IS A PERMANENT I stated EXACTLY. be properly classified. certificate. AGE should be of CAUSE OF DEATH in plain terms, so that it may TION is very important. See instructions on back mation should be carefully supplied.

1. PLACE OF DEATH	MARTLAND—	CERTIFICATE OF DEATH (1949)
0 / //		Designation Diel No. 100
County Marles	01-7.1	Registration Dist. No. 100
Village or City		No. St., Wa death occurred in a hospital or institution, give its NAME instead of street and number)
	occurred yrs. mos	ds. How long In U.S. if of foreign birtb?yrsmos
2. FULL NAME Infan	1 Wills	
(a) Residence: No.	(Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL	L PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX A. COLOR OR RACE 5. S	INGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month (Par) 193/
a. If married, widowed, or divorced		(mond) (bey) (real)
HUSBAND of (or) WIFE of	-	22. I HEREBY CERTIFY, Thet I attended decaased for
6. DATE OF BIRTH (month, day, and yeer) UL	1921 1931	I lest saw h; daath is s
7. AGE Yaars Months	Days If LESS than	to have occurred on the date stated above, atm.
	I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trada, profassion, or particular		
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc		Still Bons
9. Industry or businass In which work wes done, as SILK MILL, SAW MILL, BANK, etc		
SAW MILL, BANK, etc	11. Total time (years)	Bremaline Birth
year) 12. BIRTHPLACE (city or town) Below	allon hid	Other Contributory Causes of importance:
(State or country) Cha	1, 0,	
13. NAME Joseph La	nooslen	
13. NAME OSEPH La 14. BIRTHPLACE (city of Yown)	-0-100 Tul	
(State or country)	ree co ina	Name of operation Date of
0 0+	.11:00	Whet test confirmed diegnosis? Wes there en autopsy?
	0 0 7. 1	23. If death was due to external causes (VIOL ENCE) fill in elso the following:
16. BIRTHPLACE (city or town)	tes to und	Accident, suicida, or homicida?
(Stata er country)	1 00	Where did Injury occur? (Specify city or town, county and State)
7. INFORMANT Manney (Address) Belal	elly find	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL		Manner of injury
Morre Belleton Mi	of auf 21, 1931	Natura of Injury
19. UNDERTAKER AND	actino	24. Was disease or Injury In any way related to occupation of deceased?
20. FILEO Que 2/19 31 M/2	Haflen Progistrar.	(Signed) MD Hoyden M Bendresoften Her D. L. Register
If more blanks		2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

CTATE OF MADYLAND CEDTICICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To	be	complete.	an	occupation	return	must	state:	

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find & the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
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July 5, 1927	Peritonitis	3 days ago
May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year
	1915 1921	Date of onset The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis

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